

IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to : Board of County Commissioners.

(Number of Sites \_\_\_\_\_)

**FEES:**

Subdivision Control-----\$1,440.00

Plus \$ 8.40 per site in excess of 6 sites---\$

D.E.R.M.-----\$ 210.00

Sub-Total-----\$

FOR OFFICIAL USE ONLY:

Date Received:\_\_\_\_\_

Agenda Date:\_\_\_\_\_

Concurrency Review Fee(\*6.00% of Sub-Total)-\$

\*Not applicable within Municipalities

Total Processing Fee-----\$

Tentative No. T- \_\_\_\_\_

## APPLICATION FOR PLAT OF SUBDIVISION DEVELOPMENT

Municipality \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. Rge. \_\_\_\_\_ E.

1. Name of Proposed Subdivision \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Surveyor's Name: \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Legal Description of Parent Tract Folio No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Street boundaries: \_\_\_\_\_

6. Present Zoning: \_\_\_\_\_

7. Proposed use of Property: Single Family Res.( \_\_\_\_\_ Units), Duplex( \_\_\_\_\_ Units),  
Apartments( \_\_\_\_\_ Units), Industrial/Warehouse( \_\_\_\_\_ Sq.Ft.), Business( \_\_\_\_\_ Sq.Ft.),  
Office( \_\_\_\_\_ Sq.Ft.), Restaurant( \_\_\_\_\_ Sq.Ft. & No. Seats \_\_\_\_\_),  
Other( \_\_\_\_\_ Sq.Ft. & No. of Units \_\_\_\_\_)

NOTE: List all plat restrictions zoning conditions or any other declaration, restriction, condition etc. that might affect this Tentative Plat.

I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 4 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional items as may be necessary such as abstract or opinion of title to determine accurate ownership information.

Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings for the extension of these utilities must be approved by the appropriate utility entity and by D.E.R.M. prior to the approval of the final plat.

STATE OF FLORIDA)

SS: Signature of Owner: \_\_\_\_\_

COUNTY OF MIAMI-DADE)

(Print name & Title here): \_\_\_\_\_

BEFORE ME, personally appeared \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. and (he/she) acknowledged to and before me that (he/she) executed the same for the purposed therein. Personally known \_\_\_\_ or produce \_\_\_\_\_ as identification and who did (not) take an oath.

WITNESS my hand and seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

Signature of Notary Public: \_\_\_\_\_

(Print, Type name here: \_\_\_\_\_)

(NOTARY SEAL)

(Commission Expires) (Commission Number)

**Note: The reverse side of this sheet may be used for a statement of additional items you may wish considered.**

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04  
06  
1 RE. 1002